# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003379

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 411

FILED JAN 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

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2 22 59
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USE BLACK INK OR TYPEWRITER RIBBON

Cozart

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.
Length of stay in 1b: 25 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. CITY HOSP. # 1
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Saint Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1403 North 14th.St .
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First ARTHUR Middle Last DAVIS

4. DATE OF DEATH Month 1 Day 11 Year 63

5. SEX Male

6. COLOR OR RACE Colored

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Seperated

8. DATE OF BIRTH 6-5-1889

9. AGE (last birthday) 73 yrs .

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintanice

10b. KIND OF BUSINESS OR INDUSTRY Trucking Company

11. BIRTHPLACE (City and state or country) LelandMississippi

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Davis

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Rinnia Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of) World War -11

NO.

17. INFORMANT Address Mamie Cotton-1309½ North Jefferson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cerebral arterial Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 332

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1 3 63 to 1 11 63 and last saw her him alive on 1 11 63
Death occurred at 8:25 P M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. E. Cozart (Degree or title) M.D.

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 1 11 63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-16-1963

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barricks, Missouri

24. FUNERAL DIRECTOR ADDRESS Lowe's Funeral Home-2930 Dickson St ,

25. DATE RECD. BY LOCAL REG. JAN 14 1963

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy H. Lannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.